

Department of the Secretary of State  
Bureau of Motor Vehicles  
29 State House Station  
Augusta, Maine 04333

**IMPORTANT EYE EXAMINATION INFORMATION**

Maine law requires individuals to have their eyes tested when applying for a license and at **certain renewal times**.

**Please read the enclosed information carefully to learn about your options for receiving an eye examination.**

**FOR DRIVER'S LICENSE EXAMINATION APPLICANTS**

A vision test is required prior to taking your driver's license examination. You may take a vision test **at no fee** when you appear for your driver's examination. Alternatively, you may have a doctor of your choice provide the exam **at your expense**. The doctor who conducts the examination must complete the reverse side of this form. You will need to give the completed form to the driver's license examiner at the time of your driver's examination.

**FOR INDIVIDUALS RENEWING A DRIVER'S LICENSE**

A vision screening is required for individuals renewing their license between the ages of 40 to 45, 52 to 57 and for those individuals who are 62 and older. Once you reach the age of 62, an eye test is required at every renewal. It is not required that you visit an eye doctor.

Vision testing can be completed at any branch office or mobile unit location **at no cost to you**. This exam will be completed at the time of renewal, and the results will be recorded on your renewal form.

Alternatively, you may have a doctor of your choice provide the eye exam **at your own expense**. The doctor who conducts the exam must complete the reverse side of this form. You will need to bring the completed form with you when you come in to renew your license. The doctor's exam may not be completed more than a year prior to your license renewal date.

## EXPLANATION FOR EYE DOCTOR

All applicants who are required to submit to an eye test are given simple vision screenings by certain Bureau of Motor Vehicles personnel. When more accurate measurements are needed; when an improvement in vision would add substantially to safety; when unusual eye defects are apparent, the person is asked to visit an eye doctor. A report from such doctor is particularly valuable if the fitness of a driver is questioned in court or following an accident. In some cases examinations by more than one doctor are required.

You may fill in the form below for the examination which you make; **but please leave blank any spaces for items on which you have made no examination.** If the case is a peculiar one, any additional comments which you may have would be appreciated. Use a separate sheet if needed, and attach.

Please sign this sheet and for proper identification, will you have the person examined sign the report in your presence.

No recommendations or suggestions as to which doctors to visit are given by the Bureau of Motor Vehicles. Only reports from licensed practitioners will be acceptable. The eye doctor assumes no responsibility in making this report other than that of truthfully representing the facts.

_____ Name of person examined (Print)	_____ Date of Birth
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_____ Address (Print)			
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1. Visual Acuity	Without Glasses	With Present Glasses	With New Lenses
Right Eye	20/	20/	20/
Left Eye	20/	20/	20/

2. Visual Fields:

To Left of Point of Fixation _____	To Right of Point of Fixation _____
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Total Degrees = _____	Total Degrees = _____
(Degrees to Left Plus Degrees to Right Must Equal 140 or Greater for Unrestricted License)	

3. New lenses are being fitted?	Yes	No
A. Are telescopic or Low Vision Aid being used?	Yes	No
B. Date patient to receive new glasses: _____		

4. Is there definite ocular motility that is apt to produce diplopia or other safety hazard?      Yes      No

If "Yes" explain: \_\_\_\_\_

5. Because of possible progressive visual defect, applicant should be re-examined in \_\_\_\_\_

6. Recommendations: Corrective Lenses ( )    Geographic or Area ( )    Daylight Driving Only ( )    None ( )

I hereby give my consent that this information may be forwarded to the Secretary of State, State of Maine

\_\_\_\_\_  
Signature of Person Examined

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Doctor's Name Printed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date of Examination